clustered, and among them some hypervirulent strains have emerged.

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Epidemiology of diarrhea due to *Clostridium difficile* in a tertiary general hospital in San José, Costa Rica, from January to October, 2009

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Background: Description of the epidemiological behavior of diarrhoea associated to Clostridium difficile in patients admitted to Hospital San Juan de Dios (San José, Costa Rica) from January 1st to October 31st. This is the largest hospital of Costa Rica, a tertiary level general medical center, managed by the Costa Rican Bureau of Social Security. It has 730 beds and had a mean of 30,467 discharges per year in the 2004-2008 period.

Methods: Collection of all positive immunoassays for C. difficile, reported by the Clinical Laboratory of the Hospital, from stool samples of hospitalized patients who were diagnosed with diarrhoea during the 10 month period previously described.

Results: A total of 442 positive results of C. difficile from 427 hospitalized patients with diarrhoea were obtained. Out of these patients 413 had one diarrheal episode and 14 two or more. During this period of time there were 27040 recorded discharges from the Hospital, which makes for a rate of 16,42 cases/1000 discharges. The 442 episodes include 11 recurrences and 3 reinfections. There were 44 deaths recorded in this group, for a mortality rate of 10,30%.

Conclusion: There are no hospital incidence reports of diarrhoea due to Clostridium difficile in Costa Rica. Epidemiological reports of nosocomial diarrhoea from this agent are scarce in the literature, thus making it difficult to establish endemic channels for this disease. Diarrhea from Clostridium difficile is endemic at Hospital San Juan de Dios and due to its frequency, pathogenicity, virulence and communicability it is important to improve and maintain an active epidemiological surveillance system. This work provides the first epidemiological description of diarrhoea from C. difficile at a general hospital in Costa Rica.

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Impact of pretransplant nutritional status and supplement on postoperative sepsis in living donor liver transplantation

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Background: Protein-energy malnutrition is common in patients with end-stage liver disease requiring liver transplantation (LT) and is a risk factor for posttransplant most frequent causes of in-hospital death despite recent advances in surgical procedures and perioperative management. Therefore, it is important to accurately estimate preoperative nutritional status and provide adequate perioperative nutritional support in order to improve the results of LT. We examined the efficacy of preoperative nutritional assessment by bioelectric impedance analysis and prognostic factors of posttransplant sepsis in patients undergoing living donor LT (LDLT). Moreover, we investigated the effects of individually tailored preoperative aggressive nutritional therapy.

Methods: 1) We prospectively measured body cell mass (BCM) using a body composition analyzer and various nutritional parameters including prealbumin, branched-chain amino acids (BCAA)/tyrosine ratio, and zinc as well as common nutritional parameters such as albumin, cholinesterase, and total lymphocyte count in 50 consecutive recipients undergoing LDLT between February 2008 and February 2009. Multivariate analysis was performed to determine the prognostic factors of posttransplant sepsis, focusing on nutritional parameters. 2) We developed an individually tailored preoperative aggressive nutritional treatment based on the nutritional status of each patient especially in poorly nourished recipients in April 2009; the treatment consists of BCAA-enriched nutrient mixture followed by immunonutrition for 7 days prior to surgery and synbiotics. The usefulness of the new nutritional treatment was examined.

Results: The incidence of severe perioperative infection and in-hospital death was significantly higher in patients with low BCM than in patients with normal or high BCM. Multivariate analysis showed that preoperative low BCM, absence of preoperative supplementation with BCAA-enriched nutrient mixture, and a Model for End-stage Liver Disease (MELD) score of 20 or above, but not common nutritional parameters, were of prognostic significance. Pretransplant aggressive nutritional treatment reduced the incidence of postoperative sepsis.

Conclusion: Pretransplant nutritional assessment with a body composition analyzer could predict the postoperative clinical course. Malnutrition before LT was closely related to the incidence of posttransplant sepsis and pretransplant aggressive nutritional therapy was useful in preventing postoperative sepsis.

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Multidrug-resistant *Acinetobacter* spp. bloodstream infections in a University Hospital of Buenos Aires, Argentina: frequency and antimicrobial susceptibility

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Background: Bloodstream infections caused by multidrug-resistant *Acinetobacter* spp. (MRA) have increased worldwide, particularly in Latin America. The limited therapeutic options against this nosocomial microorganism constitute a major problem for establishing